

SUMMARY OF CHANGES TO RFA# CHA- PHHSBG041814

Page: #18 Section VI – Sub-section F Format

Change: Added Page limit: **The narrative page limit is 25 pages, and the limit for the entire submission, including attachments should not exceed 80 pages.**

Page # 18 Section VI – Sub-section G Submission

Change from: Submit one (1) original hard copy along with an electronic copy on a USB to the Community Health Administration by **4:00pm on May 19, 2014**. Applications delivered after that deadline will not be reviewed or considered for funding.

Change to: Submit one (1) original hard copy along with **three (3) additional hard copies** to the Community Health Administration by **4:00pm on May 19, 2014**. Applications delivered after that deadline will not be reviewed or considered for funding.

Appendix G –Application Profile Program Area

Change from:

Select One Only:	Program Area:
	<input type="checkbox"/> Active Transportation (Focus A) (Focus B)
	<input type="checkbox"/> Active Transportation
	<input type="checkbox"/> Tobacco Free Living
	<input type="checkbox"/> Chronic Disease Self Management & Prevention
	<input type="checkbox"/> Baby Friendly Hospitals

Change to:

Select One Only:	Program Area:
	<input type="checkbox"/> Nutrition, Obesity and Physical Activity (Focus Area A)
	<input type="checkbox"/> Tobacco Control (Focus Area B1)
	<input type="checkbox"/> Cessation (Focus Area B2)

Appendix H – Application Receipt/ For identification and tracking purposes only

Change from: Application Receipt for RFA#CHA

Change to: Application Receipt for RFA #CHA- PHHSBG041814

Change from:

3. Program / Service Area for which funds are requested in the attached application: *(check one)*

☐ Focus A -Part 1: Nutrition, Obesity, and Physical Activity-Planning & Implementation

☐ Focus A Part 2: Evaluation and Continuation – Opportunity for former PHHSBG grantees to evaluate their program and showcase how they sustain the program after PHHSBG funding

☐ Focus B: Oral Health Education for All Ages

☐ Focus C: Injury /Traumatic Brain Injury (TBI) – Policies and Programs on Concussions for District of Columbia Schools and Youth Sport Programs.

Change to:

For identification and tracking purposes only:

1. Your Proposal Program Title: _____

2. Amount Requested: _____

3. Program / Service Area for which funds are requested in the attached application: *(check one)*

☐ Focus Area A: Nutrition, Obesity, and Physical Activity

☐ Focus Area B: Tobacco Control and Cessation

☐ Focus Area B1: Tobacco Control

☐ Focus Area B2: Cessation